

**APPLICATION DATA SHEET****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Title::	Antibiotic 107891, Its Factors A1 and A2, Pharmaceutically Acceptable Salts and Compositions, and Use Thereof
Attorney Docket Number::	892,280-499
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	18
Small Entity?::	Yes
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Italy
Status::	Full capacity
Given Name::	Ameriga
Family Name::	LAZZARINI
City of Residence::	Legnano
Country of Residence::	Italy
Street of Mailing Address::	Via 29 Maggio, 5
City of Mailing Address::	Legnano
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	20025
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Italy
Status::	Full capacity
Given Name::	Luciano

Family Name::	GASTALDO
City of Residence::	Pogliano Milanese
Country of Residence::	Italy
Street of Mailing Address::	Via San Martino, 7
City of Mailing Address::	Pogliano Milanese
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	20010
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Italy
Status::	Full capacity
Given Name::	Gianpaolo
Family Name::	CANDIANI
City of Residence::	Gorgonzola
Country of Residence::	Italy
Street of Mailing Address::	Via Bellini, 2/C
City of Mailing Address::	Gorgonzola
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	20064
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Italy
Status::	Full capacity
Given Name::	Ismaela
Family Name::	CICILIATO
City of Residence::	Busto Arsizio
Country of Residence::	Italy
Street of Mailing Address::	Via Orazio, 7
City of Mailing Address::	Busto Arsizio
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	21052
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Italy
Status::	Full capacity

Given Name:: Daniele  
Family Name:: LOSI  
City of Residence:: Rovellasca  
Country of Residence:: Italy  
Street of Mailing Address:: Via Carso, 28/B  
City of Mailing Address:: Rovellasca  
Country of Mailing Address:: Italy  
Postal or Zip Code of Mailing Address:: 22069

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Italy  
Status:: Full capacity

Given Name:: Flavia  
Family Name:: MARINELLI  
City of Residence:: Milano  
Country of Residence:: Italy  
Street of Mailing Address:: Via Rubens, 25  
City of Mailing Address:: Milano  
Country of Mailing Address:: Italy  
Postal or Zip Code of Mailing Address:: 20148

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Italy  
Status:: Full capacity

Given Name:: Enrico  
Family Name:: SELVA  
City of Residence:: Gropello Cairoli  
Country of Residence:: Italy  
Street of Mailing Address:: Via di Vittorio, 23  
City of Mailing Address:: Gropello Cairoli  
Country of Mailing Address:: Italy  
Postal or Zip Code of Mailing Address:: 20727

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Italy  
Status:: Full capacity  
Given Name:: Franco  
Family Name:: PARENTI  
City of Residence:: Lainate  
Country of Residence:: Italy  
Street of Mailing Address:: Via B. Cellini, 24  
City of Mailing Address:: Lainate  
Country of Mailing Address:: Italy  
Postal or Zip Code of Mailing Address:: 20020

**Correspondence Information**

Correspondence Customer Number:: 34263

**Representative Information**

Representative Customer Number:: 34263

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/007658	July 12, 2004

**Foreign Priority Information**

Application Number::	Country::	Filing Date::	Priority Claimed::
03016306.7	Europe	July 18, 2003	Yes

**Assignment Information**

Assignee Name:: VICURON PHARMACEUTICALS INC.  
Street of Mailing Address:: 455 South Gulph Road, Suite 305  
City of Mailing Address:: King of Prussia  
State or Province of Mailing Address:: Pennsylvania  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 19406